



# Santa Rosa County Sheriff's Office

Santa Rosa County Sheriff's Office

Sheriff Bob Johnson

## CITIZEN COMPLAINT

Please Print

Date and time of this complaint: 11-15-17 Incident #: 17CA0130310

Reference Complaint #: 170FF008479 Deputy Taking Complaint: Branes ID #: 86/909

Complainant: Thomas First Alan Middle Couie Last

Address: 11168 Noble Ln. Street Bakers City FL State 32531 Zip Code

Home Phone: 850- Work Phone: N/A Cell Phone: 850-889-2555

Date and time incident occurred: 2-3 pm

Location/Address of occurrence: Hwy 90 west bound passed

Employee(s) involved in allegations(s): Seth Smead

Witness: \_\_\_\_\_  
Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

(List additional witnesses in narrative.)

Nature of Allegation(s): Noticed Harrasment By Chasinging Excessive force, Lied about lane change & seeing anything. then accused me of eating something throw his hand to my throat striking my chin, opened door tried pulling me out by throat and shoulder without letting me remove my seatbelt, I removed it and allowed him to pull me out, he slammed me down stepping on the back of my legs let his knee down in my back, I screamed in pain and he released pressure brought me to his car, removed my father as backup arrived, got my dad's medication out & poured in his hand. ~~as~~ He came back to me asking what I put in my mouth in my pain, shock, anger, sadness & disbelief I told him nothing. He said was it a morphine your dad has morphine. ~~as~~ He took me in and told the nurse I think he ain't something, I need you to pump his stomach, she said no because he admitted to not seeing anything. I was then trasported to Santa Rosa Hospital for X-Ray By another officer



# Santa Rosa County Sheriff's Office

Santa Rosa County Sheriff's Office

Sheriff Bob Johnson

## CITIZEN COMPLAINT

*Witness (in vehicle)*

Please Print

Date and time of this complaint: 11-15-17 9:15 am

Incident #: 17 CAD 130310

Reference Complaint #: 170FF008479

Deputy Taking Complaint: Bailes ID #: 821109

Complainant: Lynn

First

Lewis

Middle

Cowie

Last

Address: 1781 Dykes Ln

Street

Jay

City

FL

32565

State

Zip Code

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: 850-619-8485

Date and time incident occurred: \_\_\_\_\_

Location/Address of occurrence: \_\_\_\_\_

Employee(s) involved in allegation(s): \_\_\_\_\_

Witness: Lynn Cowie

Name

1781 Dykes Ln

Street Address

Jay, FL 32565

City/State

Home Phone

Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Officer used excessive force in removing Thomas from his car. By #1 He drug Thomas out of the car threw him on the ground before he could get out. Put his knee in his back and handcuffed him. Thomas did not resist officer. I was sitting in the passenger seat and thought he hit Thomas threw the window and then grabbed him. Thomas did not have no drugs that I was aware of. I however had my medications in my pocket when they searched me. (By now other officers had arrived at the scene. They (officers) discussed what had happened and then 2 of them (at a time) questioned me what had happened. I told both of them that the arresting officer had used excessive force. Force that I saw in my eyes was too aggressive. It traumatized Thomas as it would anyone treated like this.)